

9034 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021918

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5823

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION BARNES HOSPITAL

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jefferson

c. CITY
OR
TOWN DeSoto

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS Route #2

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
George Washington Mahan

4. DATE OF DEATH
Month Day Year
June 1 1963

5. SEX
Male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2-22-70

9. AGE (last birthday)
93

IF UNDER 1 YEAR
Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY
Ry Car Shops

11. BIRTHPLACE (City and state or country)
DeSoto, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Mahan

13b. MOTHER'S MAIDEN NAME

Mary Jarvis

14. NAME OF HUSBAND OR WIFE

Dorothy Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Lois Ledbetter 5700 Arthur St. Louis Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH
1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 3rd Degree Burns (15 % of body)

2 Months

DUE TO (c)

916.0-16

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year
4-7-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)
At Home

20f. CITY, TOWN, OR LOCATION
DeSoto, Missouri

21. I attended the deceased from 4-7-63 to 6-2-63 and last saw him alive on 6-2-63
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)
C. D. Vermillion, M.D.

22b. ADDRESS
BARNES HOSPITAL

22c. DATE SIGNED
6-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
6-4-63

23c. NAME OF CEMETERY OR CREMATORY
City

23d. LOCATION (City, town, or county)
DeSoto, Missouri

(State)

24. FUNERAL DIRECTOR
Address
Mothershead, DeSoto, Missouri

25. DATE RECD. BY LOCAL REG.
JUN 3 1963

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Andrue H. England

Licensed Embalmer No.

4745

P. O. Address

DeSoto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.